



# CLARK COUNTY • DEPARTMENT OF AIR QUALITY

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For DAQ Use Only

## PRESSURE DECAY TEST RESULTS FORM

☐ Initial

☐ Annual

☐ Other

Source Name: \_\_\_\_\_ Source ID: \_\_\_\_\_

Source Address: \_\_\_\_\_  
(address) (city) (zip)

Test Date: \_\_\_\_\_ Time of Test: \_\_\_\_\_

Date and Time of Most Recent Fuel Delivery: \_\_\_\_\_

Pressure Measuring Device: \_\_\_\_\_ Device Calibration Date: \_\_\_\_\_

**Note:** Phase II EVR Executive Orders (EO) contain requirements (see below) which must be met when conducting a pressure decay test. These requirements must be followed in accordance with the applicable E.O. in order for the pressure decay test result to be valid.

Tank Number:	1	2	3	4	Total
Product Grade:					
Tank Capacity, gallons:					
Gasoline, gallons:					
Ullage, gallons <sup>1</sup> :					
Initial Pressure <sup>1</sup> , wcg:					
Pressure @ 1 minute:					
Pressure @ 2 minutes:					
Pressure @ 3 minutes:					
Pressure @ 4 minutes:					
Final pressure @ 5 minutes:					
Allowable Final Pressure, wcg:					
Pressure Decay Test Results:	<input type="checkbox"/> P/ <input type="checkbox"/> F	<input type="checkbox"/> P/ <input type="checkbox"/> F	<input type="checkbox"/> P/ <input type="checkbox"/> F	<input type="checkbox"/> P/ <input type="checkbox"/> F	<input type="checkbox"/> P/ <input type="checkbox"/> F

The minimum total ullage for each individual tank shall be 1,000 gallons or 25% of the tank capacity, whichever is less. The maximum total ullage for all manifolded tanks shall not exceed 25,000 gallons.

Comments: